N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM.

WRITE PL V. S. No. 1

County Calvert	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 57
Village or City Vluelly book (No	St.: Ward) (If death occurred it a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH NW. 21, 1931
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h last
7 AGE If LESS than I day hrs.	and that death occurred on the data stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF OF OF OF OF OF OF OF O	(Signed) M. D. M.
12 MAIDEN NAME Jacuic M. Vacalelise 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Strue TO THE BEST OF MY KNOWLEDGE (Address) Herelington 15 Filed MM, 12 1921 Merelington	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS
Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (r or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been change gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewije*, *House*en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc cupation is very important, so that the relative health-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomolive (b) engineer, Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaenia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," Und Age, Shock, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," Examples: Accidental drowning; Struck by railway traintaken. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stited unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart disease Nomenclature The "Haemorrhage, contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JA

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT MARGIN RESERVED FOR BINDING IL, WITH UNFADING INK--THIS IS A PERMA WRITE PL

V. S. No. 1

County Calvert	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Dowellow	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Morth) (Day) (Year)	that I last saw h Alive on the last saw h 192,
7 AGE If LESS than day hrs. ds. or min.?	and that death occurred on the date stated above, at 3 pm, The CAUSE OF DEATH * was as follows: Draw ha Dalerilis
(a) Irade, profession of particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds. Contributory
(State or country) 10 NAME OF FATHER Lonard Brown 11 BIRTHPLACE	(Signed) (Address) June Turing
Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State' the 'Disease Causing' Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) M.	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Lonard Braomy	if not at place of death? Former or usual residence
(Address) Domills	ADDRESS P
Filed 10 10 1925 Registrar Registrar If more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH en at home, should be used only when needed. As examples: (a) whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation 6) Grocery

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature as fracture of skull, and consequences (c. g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary); stited unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
3.—WRITE	mation	CAUSE	TION is

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	a)
County Calvert	Registration Dist. No. 51
Village or City appeal	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
111111	y
2. FULL NAME CAPPILL YOUR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjaman Foote	22. I HEREBY CERTIFY, That I attended deceased from ,19,10 ,19
6. DATE OF BIRTH (month, day, end year)	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 4 . m.
66 I day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Chronic Valu- heart July 31 Other Contributory Cannes of Importance:
12. BIRTHPLACE (city or town). (State or country)	Decomposation 2001. 34
13. NAME When I was a support of the	V
4 14. BIRTHPLACE (city or town) 224	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Chesa Shuson 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?
17. INFORMANT Conte (Address) appear	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR TEMOVAL Place Def John Date 227 24, 19.31	Manner of Injury
19. UNDERTAKER (Sty Deniell (Address) Spring Fields 20. FILED 19.31 . N. Jeng	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
Megistrar.	(Address)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

cause of death and related causes Were as follows:	e of onset
were as follows.	o or onser
sy	week ago
et car 1	week ago
3	days ago
tory causes of importance:	
	1 year
2	psy 1 peet car 1 3 utory causes of importance:

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EXACTLY, Py classified.	Village or City Prince Frederick C.
stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE.
De Ck	Francisco Married, Lingle WIDOWED. Colored (Write the word)
should It may s on ba	6 DATE OF BIRTH
on on	Och 23, 1907 (Month) (Day) (Year)
000	7 AGE If LESS than dayhrs. day
supplied n terms s See instri	B OCCUPATION (a) Trade, profession or
> in	particular kind of work Section (b) General nature of industry
ri a	business, or establishment in which employed or (employer)
EATH impo	9 BIRTHPLACE (State or country) Culvers Causty.
ould F D very	FATHER Edward Frank.
O M	OF FATHER Z (State or country)
nformation state CAU CCUPATION	(State or country) C. Caunty 12 MAIDEN NAME
Te C	of MOTHER Maria Conntle
star	13 BIRTHPLACE OF MOTHER
of i	(State or country) 4. William 14 THE ADOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
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y it	5 6.6
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Country	Waspst:	Ward)	(If death		
			a hospital tion, give i stead of number.)	ts NAME	ln-

AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Colorel Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2700. 10 (Nonth)	(Day)(Year)
Och. 23, 1907 (Month) (Day) (Year)	that I last saw her alive on Nov	V. 10, 1931.
1 day hrs. mos. 23 ds. or min.?	and that death occured on the date stated The CAUSE OF DEATH * was as follows: Peritonetis fulls	wing.
ession or Sexuant, ure of industry	appendicties	
ablishment in dor (employer)	Contributory Personal Secondary	2
Edward Frank.	(Signed) Hyll Warf 192 (Address)	vis mos de
country) a. Country	*State the Discase Causing Death, Violent Causas, state (1) Means of I Accidental, Suicidal or Homicidal.	or in deaths from
R Maria Somtle	18 LENGTH OF RESIDENCE (For Hospi	
TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yis mos. Ads. Sta Where was disease contracted, if not at place of death? Dunker	k 6.3.
alexander Ford	Former or usual residence Dunkirk (.C),
ss) Dunkirk	19 PLACE OF BURIAL OR REMOVAL	- , 193/
10 13/ J. M. Niegistai	W. y. Sewell	Daris
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without more record mine, etc laborer, Farm laborer, Laborer—Coal mine, etc Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (e) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "! eal-Physician, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). without more precise specification as Duy Compositor, For persons who have no occupation Architect, Locomolive engineer, Grovery Tom-

Statement of Cause of Death—Name, first, the Discourse Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlleria (avoid use of "Croup"); Spinal meningitis"); Diphlleria (avoid use of "Croup"); cobar pneumonia. Bronchopneumonia ("Pneumonia");

telunus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meceles unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Whooping inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report more symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. valuular heart The contributory discase

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-

tion, give its NAME instead of street and

number.)

Ward)

In the

State

ADDRESS

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Civil engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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"Old Age," "Shock;" "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease stited unless important Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage cough; Chronic and consequences (e. g., scpsis, Carcinoma, Sarcoma, etc., of chopneumonia (secondary) etc. valvular heart disease; The contributory

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V. S. No. 1

PLACE OF DEATH County Salvert	STATE OF CERTIFICATE Registration	g. X
Village or City Mary (No.	st.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	(Year)tended the deceased from
(Month) (Day) (Year)	that I last saw halive on	, 192,
7 AGE 17 yrs. 2 mos. 23 ds. or min.?	and that death occurred on the data states. The CAUSE OF DEATH * was as follows:	d above, at 2 2 , m,
8 OCCUPATION (a) Trade, profession or particular kind of work	near Luchy Calvet Country	margand engle
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Curation) Secondary Guardon	from do.
10 NAME OF FATHER Frank Graham	(Signed) (Address) Ninc	iscor M.D.
Z (State or country)	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
of Mother End Miller	18 LENGTH OF RESIDENCE (For Hospi	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the	teyrsmosds.
(Informant) Father	Former or usual residence	
(Address) AM	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed Wec 7 1923/= Jake	20 UN DERTAKER	ADDRESS
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Locomotive engineer, (b) For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroed term for the same disease. Examples: Cerebroed term for the same disease. Examples: Cerebroin the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); S. Inal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "lelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," approved by Committee on Nomenclature or as probably such, if impossible to determine dcfinitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Heart tanure, Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stited unless important use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carpolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping Never report mere symptoms or terminal condicough; Chronic ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate if permanently filed.

BINDIN

MARGIN RESERVED FOR

	PLACE OF DEATH	129
Vil	illage or City Melson (No.	<i>Q</i>
	2FULL NAME Latte	Trea
-	PERSONAL AND STATISTICAL PARTICULAR	s
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. PR DIVORCEMENT OF DIVORCEMENT OF THE WIND WITH THE WIND ALL	rick
1	DATE OF BIRTH	019/10
	(Month) (Day)	(Year) the
7 /	AGE [IfLE	SS than and
b	b) General nature of industry pusiness, or establishment in which employed or (employer)	
-	BIRTHPLACE (State or country))
ENTS	10 NAME OF FATHER HOUTE HOLLAND 11 BIRTHPLACE OF FATHER (State or country alster Co., Mc.)	(Sig
PARE	12 MAIDEN NAME OF MOTHER DOWN KNOW	18
1	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At of wh
14 1	(Informant) Elija FT Elect	if i
	(Address) Helson. W.	19
15	Filed 11/23 181 2. M. Neigo	20

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.		
St.: Ward) St.: Ward) A hospital or institution, give its NAME I stead of street ar number.)		
MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH (50. 12, 183)		
(Month) (Day) (Year) 17 (HEREBY CERTIFY, That I attended the deceased from 22 192)		
that I last saw h. Dalive on		
The CAUSE OF DEATH * was as follows:		
(Duration) yrs. mos. d		
Contributory Secondary (Duration) (Signed) (Signed) (Address) (Address)		
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)		
At place of death		
if not at place of death?		
Plum PA. DATE OF BURIAL 11/24, 193		
My Sewere Dares		

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enfulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lauure,
"Old Age," "Shock,"
"Tnanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 5/

.....Ward)

(if death occurred in a hospital or institu-

tion, give its NAME it-stead of street and

ADDRESS

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 701. 13 , 1937
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended the deceased from
192 . to
that I last saw by Classopodies of blood of 192
and that death occurred on the date stated above, atn
The CAUSE OF DEATH * was as follows:
Whoop my Cangle
fact. The same of
(D)
(Duration)yrsd
Contributory Secondary
(Durstion) yrs
(Signed) A M Class
- 11.
*State the Disease Causing Death, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents)
At place In the of deathyrsmosds. Stateyrsmosd
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Of Formore Charack May, 14, 193.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Year) IIf LESS than

I day hrs

KNOWLEDGE

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The material (b) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

19. UNDERTAKER

(Address)

STATE OF MARYLAND	CERTIFICATE OF DEATH 12950
1. PLACE OF DEATH	<u> </u>
County Calvert	Registration Dist. No. 321
	No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Baly Bay Such	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Nov 14, 1931 7. AGE Years Months Days If LESS than 1 day, brs. or min.	I lest saw h alive on, 19; death is said to have occurred on the dete stated ebove, at, The PRINCIPAL CAUSE OF DEATH end releted causes of importence were establious:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked at this occupation (month end spent in this	flell som
12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of importance:
13. NAME Regular Halland 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Neme of operetion Dete of What test confirmed diegnosis? Was there en eulopsy?
15. MAIDEN NAME M. C. July 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT M. E. July (Address) Konsulation	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place - OL Colombia Date No. 31, 1911	Manner of injury Nature of injury

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting . S. No. 1.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deeeased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A Region of the Control of the Contr	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD. PERMANENT BINDING FOR RESERVED MARGIN

S. No. 1

of infor-OCCUPA should item Every statement PHYSICIAN classified M certificate. of may back should on that instructions supplied. plain terms, be carefully important. OF DEATH -WRITE PLAINLY should very is CAUSE mation

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) unu (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of ____, 19____, to_____ 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Davs to have occurred on the date stated above, at 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILI SAW MILL, BANK, etc..... Date deceased last worked at this occupetion (month and spant in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation (State or country) What test confirmed diagnosis?_____ Was there en au'opsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?..... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury. 24. Was disease or injury In any way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	V II A	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

	WRIT	USE
No. 1	B.—W	C
V.S.	Z)

state UPA-	STATE OF	MARYLAND—	CERTIFICATE OF DEATH	952
	County Calvert		Registration Dist. No.)
should of OCC	Village or City Solonia	MS	No. St., death occurred in a hospital or institution, give its NAME instead of street and i	Ward
0	Length of residence in city_or town where dea			
PHYSICIANS act statement	2. FULL NAME (a) Residence: No. 4 Residence	nono ma	St., Ward.	
HYS t st		(Usual place of abode)	If nonresident give city or town and	State
. PH Exact	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
×	Male White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garite the word)	21. DATE OF DEATH	, 198. (
X A C T L	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. HEREBY CERTIFY, That I attended	
	C. D. T. C. D. T. C.	14.1-1916		.: death is said
d E	6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atAm.	., ucatii is saiu
stated E properly certificate.	15 2	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsat
be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	* sclisol	5.4.5	
should it may n back	Q Industry or business in which		Chronic Otitis Media	1929
s sh t it on	10. Date deceased last worked et this occupation (month and	11. Total time (years) spant in this	(muces 7	
oplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town) Mar	rsland	Other Contributory Causes of Importance:	
ied. ns, s truc	(State or country)	the in a	acute meningitio	11/16/31
1 4	13. NAME Forerett Jea	nelly	Name of association	
·= 00	14. BIRTHPLACE (city or town) // (State or country)		Name of operation	utopsy?20
carefully H in pla	15. MAIOEN NAME Estelle 16. BIRTHPLACE (city or town)	Overry	23. If death was due to external causes (VIOLENCE) fill In also the following	
4.	16. BIRTHPLACE (city or town)	rycaux	Accident, suicide, or homicide? Date of injury	, 19
	17. INFORMANT Suy OT	verry se	Where dis injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PL	e) ACE.
E E	18. BURIAL, CREMATION, OR REMOVAL	Date 1/19 1931	Manner of injury	
mation s CAUSE TION is	19. UNDERTAKER & & D	iyoy	24. Was disease or injury In any way related to occupation of deceased?	200
0	(Address) 20, FILEO /// 9 19 3 / 08/6	Estate.	(Signed) & S. Coster	M. D.
		Registrar.	(Address) Adamono, Ma	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			ž=n-

PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 12953
Village or City Cove Point (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME John James	mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, 6. OR DIVORCED (write the word) 6. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Elezabeth McCredy	22. I HEREBY CERTIFY, That I attended deceased from October 10,1931, to Nov. 14,1931
6. DATE OF BIRTH (month, day, and year) Uful 17- 1833	I last saw h.1 m alive on nov - 14 ,19.31; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BDOKKEEPER, etc	Date of onset
work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic Myrcardilis 1929
11. Total time (years) this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) // // // (State or country)	
13. NAME John Marshall 14. BIRTHPLACE (city or town). Marshall	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Cligatett Marcus 16. BIRTHPLACE (city or town) Maryland	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mas Sula Collism (Address)	Where dis injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Sustain Date // 6 ,193/	Manner of injury
19. UNDERTAKER & . E. Doumplureyo	24. Was disease or injury In any way related to occupation of deceased?
20 51150 1/15 1031 DESPOSTEN.	(Signed) A D. M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second second			
Other contributory causes of importance:	77113	Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

mation

S. No. 1

LION

19. UNDERTAKER

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA Registration Dist. No County (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence In city or town where death occurred a (a) Residence: No MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (write the word) nko (Day) (Month) (Year) 5a. If marriad, widowed, or divorced HUSBAND of That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated abova 1 day, ___hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ___ min Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... 1D. Date deceased last worked at 11. Total time (years) this occupation (month end occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town (State or country) Whera did Injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR Manner of injury Nature of injury

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signad).

(Address)

24. Wes disease or injury in any way related to occupation of deceased

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMA WRITE PL

V. S. No. 1

Village or City Prince Tudhank 2FULL NAME PLACE OF DEATH County Village of City Prince Tudhank 2FULL NAME	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 5
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 200 3, 193/
7 AGE (Month) (Day) (Year) 7 AGE (If LESS than I day 3 hrs.	17 I HEREBY CERTIFY, That I attended the deceased from
yrsds. ormin.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(constant buth. (cons,) (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Ather Second 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Place Medical Filed 1.1 4 13	20 UNDERTAKER ADDRESS Archur Sewere Propreheriek , 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Jyphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haenorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease Whooping perilonaeum, etc., Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Carcinonna, Sarcoma, etc., of Example: Measles (disease chopneumonia (secondary), The n_ture of the injury, etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSINGIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LNE MARGIN RESERVED FOR BINDIN WITH UNFADING INK--THIS IS A PERMA WRITE PL

V. S. No. 1

PLACE OF DEATH County Lucy	12956 STATE OF MARYLAND CERTIFICATE OF DEATH
O 1 X P. A.	Registration Dist, No.
Village or City (No. 2)	St: Ward) (if death occurred in a hospital or institution, give its NAME insteed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 16 DEATH 192 / 3 , 192 / (Month) (Day) (Year)
6 DATE OF BIRTH	that I last saw h Maive on MA 3, 1924.
7 AGE If LESS than	and that death occurred on the date stated above, at
1 day hrs.	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work	Labor Preumann.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos. / Ods.
(State or country)	Secondary
10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	(Signed) (Address) Mulliment Market M
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
M 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lean out 14, 1931
15 Filed /1/13 192/ D. M. / Registrar	20 UNDERTAKER ADDRESS ADDRESS APPROXIMATION OF THE PROPERTY
If more bienks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH worked on may form part of the second statement. nner, (b) Colton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary (name origin; "Cancer" is less definite; avoid American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

//29	CERTIFICATE OF DEATH	957
1. PLACE OF DEATH	an	,
County Calvert	Registration Dist. No.	/
Village or City Calvert Co. Jaspital	No. St., death occurred in a hospital or institution, give its NAME instead of street and ni	Ward umber)
V .	ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Barnett a. Stemmen		
(a) Residence: No. Lustry	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) ruale The property of the word)	21. DATE OF DEATH November 25 (Month) (Day)	193 / (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warquis Millery	22. I HEREBY CERTIFY, That I attanded d	leceased from
6. DATE OF BIRTH (month, say, and year) Dun. 4. 11894	I last saw h alive on WD 2.6, 19.34	; death is said
7. AGE Years Months Days Vi LESS than	to have occurred on the date stated above, at 5.Am.	
37 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	<i>Y</i>	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	Drarrhy Marteritis	Nro 14
Data deceased last worked at this occupation (month and spreed) 11. Total time (years) spant in this occupation consupation		
12. BIRTHPLACE (city or town) Calvers Co.	Other Coutributary Causes of importance:	THE
(State or country) Jud.	Mysenditia	Wood 20
13. NAME Jeston knownett		
14. BIRTHPLACE (chy or town)	Name of operation Data of	
(State of country) Chack Co	What test confirmed diagnosis? Was there an au	utopsy?
15. MAIDEN NAME Eliza : Dewell	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Eliga : Dewell 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT, Cichaed Milling,	Whera did injury occur? (Specify city or town, county and State Specify whether injury occurréd in INDUSTRY, in HOME, or in PUBLIC PLA	:) NCE.
18. BURIAL, CREMATION, OR REMOVAL Place Sand Creeth Data 11/2 6, 1931	Manner of Injury	
19. UNDERTAKER Q. A. Harkness (Address) Mulual	24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED 11/25, 19.31 S. M. Jeng, Registrar.	(Signed) Museum (Address) Language Fuels	ill. D.
If more blanks are moded Advers State Peristers	According Samuel Bulginson Properties 971 S. No	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes Date of onset of importance were as follows:		Example II	
		The principal cause of death and related cause of importance were as follows:	S Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		*	
Other contributory causes of importance:		Other contributory causes of importance:	11.11.11
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. TION is very important. See instructions on back of

MARGIN RESERVED FOR BINDING

V. S. No. 1

Z

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2007
County closely	Registration Dist. No. 3
Village or City My Hanny	NoSt., Ward
2. FULL NAME (a) Residence: No. 1712 Suring SHMW	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosdsdsst.,
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED, OR DIVORCED Cyrice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of Who, A. M. Warren	22. I HEREBY CERTIFY, That I attended deceased from 193, to 200, 193
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on ,19 ; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Particular SAW MILL, BANK, etc.	functured class by
10. Oate deceased lest worked et this occupation (month and year) spant in this occupation	Other Court County mayland. Other Court County Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
14. BIRTHPLACE (city ordown) (State or country)	Name of operation
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIQL ENCE) fill in also the following: Accident, suicide, or homicide: Where did injury occur?
17. INFORMANT Process 1332 21lf you	Specify whether injury occurred in NOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date Non 3, 1936	Manner of injury Chart
19. UNDERTAKER W. H. Hartchens (Address) mt 19army	24. Was disease or injury in any way related to occupation of deceased? 10. If so, specify (Signed) M. D.
20. FILED Jone 1 , 1921 W. H. Harward Registrar.	(Address) Ocurs Uld

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I HAR E NORT	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis *	1921	Run over by street car	1 week ago
Cerebral hemorrhage	STREAT V.S	July 5,1927	Peritonitis	3 days ago
	Angester Constitution of Spatial Spatial			
Other contributory ca	uses of importance:		Other contributory eauses of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year